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## DILLIT SPATENT APPLICATION **TRANSMITTAL**

For new nonprovisional applications under 37 C.F.R. 1.53(b))

First	Named	Inventor	or Ap	plication	Identifier

Lars-Berno Fredriksson

Title

DEVIC IN A SYSTEM OPERATING A CAN-PROTOCOL AND IN A CONTROLL AND/OR SUPERVISION SYSTEM

260/072

Express Mail Label No.

Attorney Docket No.

APPLICATION	ELEMENTS		ADDRESS TO	Commissioner fo Box Applications Washington, D.C	i ji	
1.		9. PAC 10. s [14] 11. 12. 3(d)) 13.	7.  Microfiche Computer Program (Appendix)  8.  Nucleotide and/or Amino Acid Sequence     Submission (if applicable, all necessary)  a.  Computer Readable Form (CRF)  b.  Specification Sequence Listing on:     i.  CD-ROM or CD-R (2 copies); or     ii.  paper  c.  Statements verifying identity of above copies			
i. DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s)  named in the prior application, see 37 CFR			<ul> <li>14. X Return Receipt Postcard (MPEP 503)     (Should be specifically itemized)</li> <li>15. □ Certified copy of Priority Document(s)     (if foreign priority is claimed)</li> <li>16. □ Other:</li> </ul>			
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:    Continuation   Divisional   Continuation-in-part (CIP) of prior application No. 09/101,748   Prior application information: Examiner G. Barron, Jr. Group/Art Unit: 2132   For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
	17.	CORRESPONDENC	E ADDRESS			
☐ Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or ☐ correspondence address below				address below		
NAME						
ADDRESS			Suite 800			
	1990 M Street, N.W.					
CITY	Washington	STATE	DC	ZIP CODE	20036-3425	
COLINTRY	II S A	TEI EDUONE	(202) 331-7111	FΔX	(202) 293-6229	

Fee Calculation and Transmittal SMALL ENTITY **NON-SMALL ENTITY** (Col 2) (Col 3) (Col 1) NO. EXTRA OR NO. FILED RATE FEE RATE FEE TOTAL \$0 x18= 13 minus 20 = 0 x9= INDEP x40= \$0 x80= 2 minus 3 = 0 +135= \$0 +270= \_ First Presentation, Multiple Dependent Claims \$355 \$710 **Base Filing Fee** \$0 Other Fee (specify purpose) \$355 OR TOTAL TOTAL FILING FEE\* (accounting for possible small entity status)

No payment is	enclosed at this time. Full payment will be made when the executed Declaration is submitted.
The Director is copy of this she	hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate set is enclosed.
	Charge the amount of \$ as filing fee  Credit any overpayment.
X	Charge any additional filing fees required under 37 CFR § 1.16
X X	Charge any additional filing fees required under 37 CFR § 1.17  If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

## **Assignee Name and address**:

Name (Print/Type)	George R. Pettit	Registration No. (Attorne)	y/Agent)	27,369
Signature	Kem Retu		Date	5/03/2001